therefore it may form a useful test in the differential diagnosis between neurogenous and pancreatic and other forms of diabetes. In the latter class of cases it will not probably be of any value. The statement has been made that the drug is a dangerous irritant poison, producing gastro-intestinal irritation and nephritis. No injurious effect was observed in these patients, who received from five to twenty grains taken thrice daily for several weeks.—*British Medical Journal*, 1897, No. 1920, p. 1044.

Urotropin.—DR. J. COHN presents the result of his use of this drug, which is hexamethylentetramin, produced by the action of formaldehyde upon ammonia. In cystitis following prostatic hypertrophy or of unknown origin he finds seven-grain doses twice daily to rapidly clear the urine of micro-organisms. In the cystitis of gonorrhœa or tuberculosis the results were not satisfactory.—*Berliner klinische Wochenschrift*, 1897, No. 42, S. 914.

Euphthalmin: a New Mydriatic.—DR. D. B. TREUTLER states that this drug bears the same relation to eucaine as homatropine to tropacocaine. On instillation the after-disturbances are slight and of short duration. It enlarges the pupil to the maximum when used in a 5 or 10 per cent. solution in about one-half of the time required for a 1 per cent. solution of homatropine. In the old it is not so powerful, and acts more slowly than in young individuals. It has the advantage over cocaine of less violent action and of not producing any injury to the corneal epithelium, but the disadvantage of slower action. The accommodation is less disturbed than by homatropine. The mydriasis and paralysis of accommodation pass away more rapidly than with the last-named drug.—*Klinische Monatsblätter für Augenheilkunde*, 1897, Heft 9, S. 963.

The Treatment of Typhoid Fever by Pyramidon.—DR. ARNOLD BRANDEIS reports the results of the use of this drug, which is dimethylamidophenyldimethylpyrazolon, in eight instances. It is apparently a very much slower and milder antipyretic than antipyrine, although its effects last longer. Unpleasant symptoms, as profuse perspiration, weak pulse, and even collapse, have been noted after use of one and one-half to three and one-half grains twice daily.—*Prager Medicinische Wochenschrift*, 1897, No. 44, S. 525.

The Natural and Artificial Essence of Wintergreen in the Treatment of Rheumatism.—M. VIDAL noticed, on substitution of compresses wet in essence of wintergreen for internal administration of sodium salicylate for patients whose digestive tracts and nervous systems it was necessary to spare, that in a certain percentage various skin eruptions, ranging from simple erythema to recurring papular eczema, appeared. The drug was used in fifty to one hundred drops upon a double layer of aseptic gauze and covered with an impermeable dressing. On investigation he found that the natural and artificial essences were sold indifferently in the shops. The former contains various hydrocarbons and 90 per cent. of methyl salicylate. The latter is pure methyl salicylate made synthetically. Applications of each made upon the same individual showed that the latter did not produce any cutaneous disturbance. It is probable that the eruptions caused by the former can be explained as due to the undetermined resins (gaultherilene) contained in it.—*Les Nouveaux Remèdes*, 1897, No. 20, p. 615.

Serum-therapy in Diphtheria.—DR. BERLIN reports the outcome of the treatment of five hundred and twenty-nine children. Of these fifty-six died (10.6 per cent.). The paper shows that on the whole the mortality has been considerably lowered, but not so much as was formerly hoped for. The serum cannot be held responsible for severe untoward symptoms, nor with surety can deaths be charged to it alone. Yet it cannot be denied that it does act upon the kidneys. Post-diphtheritic paralysis and relapses are without doubt more frequent.—*Münchener Medicinische Wochenschrift*, 1897, No. 42, S. 1159.

The Medical Treatment of Toothache.—DR. FREDERIC C. COLEY believes that few toothaches are incapable of permanent relief without extraction of the tooth. A single dose of two grains of exalgin may relieve a raging toothache. If the pain comes on after taking food, when the contents of the stomach are naturally acid, a Seidlitz powder minus about one-quarter of the acid may relieve with astonishing rapidity. When the pain is started by "taking cold," even when what is called periostitis by the dentist is present, where the carious tooth becomes slightly loosened, projecting beyond its neighbors, and is exquisitely tender when eating is attempted, fifteen grains of sodium salicylate, repeated in four hours, will usually promptly relieve the pain. If fifteen minims of tincture of belladonna are added, refreshing sleep may be obtained. In other cases phenacetin may succeed if this treatment has failed.—*The Practitioner*, 1897, No. 351, p. 259.

The Treatment of Pneumonia with Large Doses of Digitalis.—DR. RUBEL, in commenting upon the mortality (2.6 per cent. in 1192 cases), states that in the young, robust men in a military hospital the mortality is always low (3.65 per cent. in the German army). Petrescu claims that with this method the disease is stopped in three days, and one of his pupils that the temperature falls after three days of treatment. The author reports that apyrexia is established in from seven to ten days, and that convalescence is not shortened. Instances of poisoning by this method are not unknown. —*Therapeutische Wochenschrift*, 1897, No. 39, S. 998.

Iron-Somatose.—DR. E. ROOS reports upon this substance, which is a brown powder readily soluble in water and containing 2 per cent. of iron in organic combination, the dose being about seventy-five grains *pro die*. Four instances of its use are cited, recording the increase in body-weight and percentage of hæmoglobin.—*Therapeutische Monatshefte*, 1897, Heft 9, S. 488.

The Treatment of Tuberculosis with Cinnamic Acid.—DR. TH. HEUSSER finds that leucocytosis follows the subcutaneous and intramuscular injections of this substance. Later it is expected that an aseptic inflammation will wall in the tuberculous area and encapsulate it, with subsequent contraction and formation of cicatricial tissue. During the past three years he has treated twenty-two patients, with the result that six were cured, twelve improved, three without benefit, and one had died. The injections are made into the gluteal muscles under all aseptic precautions. The dose is one and one-half minims of a 5 per cent. emulsion, which is increased by this amount until the maximum dose of fifteen minims is reached. In general, the treatment should last six months. It is claimed that this is an important remedy, the gluteal hypodermatic injections are harmless, it can cure a considerable proportion of patients suffering from pulmonary tuberculosis, but it is not a specific.—*Therapeutische Monatshefte*, 1897, Heft 9, S. 451.

Stypticin in Uterine Hemorrhage.—DR. MAX NASSUER reports in detail forty-nine instances of the use of this remedy, which is cotarnine hydrochlorate. In three instances of hemorrhage at the climacteric the results were ideal. In twelve of hemorrhage after abortion and in two after parturition the remedy was hæmostatic in a short time. In hemorrhage reappearing after curettage the results were satisfactory. In reflex or secondary hemorrhage, with diseased adnexa and uterus probably normal, the effects were excellent. For myomatous uteri the remedy seems to be efficient. In threatened abortion, in spite of the adverse report of Gottschalk, the remedy should be used not only to check the hemorrhage, but also to obtain the sedative effect which it produces similar to that of opium. The dose is one-third of a grain in a 10 per cent. aqueous solution, injected deeply into the muscles. By the mouth it may be given in grain doses four times daily.—*Therapeutische Wochenschrift*, 1897, No. 32, S. 793; No. 33, S. 827.

The Administration of Safe Anæsthetics.—MR. H. BELLAMY GARDNER writes so pointedly in regard to this subject that we quote the following: "Under the heading of 'The Safe Administration of Anæsthetics' several communications have appeared lately, chiefly devoted to the worship of weird and manifold remedies (always a sign of their futility) for the difficulties and dangers of chloroform administration. I would beg to humbly suggest that if this title were transposed and our attention, and more especially the teaching in the schools, were directed to the administration of safe anæsthetics, we should have less of the terrible mortality from chloroform which week by week is reported in the medical press of the present day. From the most carefully collected statistics we know that the mortality from chloroform in England and the Continent is very nearly 1 in 2300 administrations, that of the alcohol-chloroform-ether-mixture is 1 in 5000 cases, that of ether 1 in 13,500 inhalations, while nitrous oxide gas has a scarcely appreciable mortality, and yet practitioners in Ireland and the English provinces keep writing about chloroform as if they had never heard of ether at all. Junker's methylene and chloroform inhaler, which has been used for a score of years, was actually figured during last month as if it were a heaven-sent gift and panacea for all perturbed anæsthetists. The fact is, that several deaths have occurred in connection with its employment. It is not by 'methods' with chloroform, but by learning how to give ether and nitrous oxide gas properly that the number of these lamentable deaths under chloroform can be reduced. Those of our London anæsthetists who have a lifetime of experience rely almost exclusively upon ether and gas and ether for the whole of their routine work, only giving chloroform when ether becomes inadmissible. We must, indeed, be blind and prejudiced if, to save taking a little trouble, we go on giving chloroform to the most trivial cases requiring anæsthesia, knowing all the time that the drug is so difficult to eliminate when grave symptoms appear that we dare hardly expect to save the patient whose respiration ceases under its influence. The extreme rarity of a death from ether, and its stimulant effect upon the whole system, obvious even to a layman, is daily being more appreciated by the public, who are, after all, the best judges. They care little for the 'schools' of this and that drug; but they very rightly do not want to risk their lives for no justifiable reason, and we ought not to tempt them to do so."—*British Medical Journal*, 1897, No. 1907, p. 160.

MEDICINE.

UNDER THE CHARGE OF

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On the Theory of Addison's Disease.—MOSSE (*Fortschritte der Medicin*, 1897, No. 21) has examined the toxicity of certain organs in a typical case of Addison's disease, with atrophy and calcification of the adrenal bodies. Extracts of the adrenals, liver, and spleen were made, according to the method of Blumenthal, with physiological salt-solution saturated with chloroform and containing 0.05 per cent. of sodium carbonate. Experiments with various amounts of the extract so prepared showed that those of the spleen and adrenal, that of the liver to a less extent, were all poisonous to white mice. Control experiments with extracts of the organs of a patient dying of nephritis showed an entire absence of symptoms.

The conclusion is that the organs in Addison's disease contain a poison, and in the spleen it would seem that the poison is carried to this organ by the blood. The author draws the further conclusion that the adrenals have two functions—one the production of a physiological substance of a stimulating character, the other the neutralization of poisons formed in various parts of the body. In Addison's disease both functions are impaired.

On the Relation of Gastric Disorders to Nasal Disease.—DR. TREITEL (*Archiv für Verdauungs-Krankheiten*, Band iii. Heft 3) calls attention to this relationship, which has been curiously neglected. This neglect is all the more remarkable when we remember that gastric and pharyngeal diseases have long been recognized as frequently correlated, and recall the frequency with which pharyngeal disease has a nasal origin. French has shown how obstructive disease of the nose could set up stomach disease, by leading to in-